

## LETTERS TO THE EDITOR



*[The Editor is not responsible for opinions expressed in this Department.]*

DEAR EDITOR: I have just seen in the September issue of the JOURNAL a comment by one of your correspondents upon a suggestion (not original, of course) made by me as to hospital care of the insane in the course of the address I had the honor to give before the National Association of Nurses last May.

I especially regret any misunderstanding on this question, as it is one of great and immediate importance, and so I trust that you may be able to make room for the following extracts from a paper upon "The Treatment of Incipient Mental Disorder and Its Clinical Teaching in the Wards of General Hospitals," by Sir John Sibbald, M.D., former member of the Scotch Lunacy Commission. The paper was read before the Edinburgh Medico-Chirurgical Society in February last, but, unfortunately, did not reach me until after the meeting of the Nurses' Association:

"It is important, in considering the introduction of wards such as we propose into the infirmary, to recognize that they need not differ appreciably from the ordinary wards of a general hospital. The question cannot be fully discussed on the present occasion, but I hope in a few words to indicate broadly the grounds on which I express this opinion.

"It must, of course, be borne in mind that it is not proposed that patients should be kept in the wards for long periods; neither is it proposed that the wards should be places for the compulsory detention of patients. The limitation of the period of residence is important for this reason among others: that it helps to emphasize the fact that the wards are not intended for the treatment of confirmed cases. For my own part, I should be satisfied with a period of residence of not more than six weeks. Before the end of that time, if death or recovery had not taken place, it would in most cases have become evident that removal to an asylum was inevitable. The restriction as to compulsory detention would exclude such patients as, if they are to be interfered with at all, can only be dealt with under the statutory provisions which regulate the admission of patients to asylums.

"In any discussion of the arrangements of the wards, it is also necessary to keep in view the trend of medical opinion as to the treatment of mental disorder in its early stages; and there can be no doubt that this opinion has been steadily moving more and more towards the adoption of methods more closely resembling those resorted to in the treatment of bodily disease. The main indications of treatment, especially for the incipient and transient phases of mental disorder,—whether characterized by melancholic depression, maniacal excitement, mental confusion or stupor,—are to obtain repose, to induce cessation of effort, both mental and bodily, and to restore the nutritive processes to healthy action. In the great majority of cases these results are best attained by medical treatment on ordinary therapeutic principles, by rest in bed, by continuous nursing, and, in certain cases, by a discriminative application of hydrotherapy. In recent years the conviction has been growing that treatment on the lines of that asso-

ciated with the name of Weir Mitchell, which has been found so efficient in dealing with other neurasthenic conditions, is equally applicable to the early stages of mental disorder. It is not, of course, to be regarded as a panacea; but there is good reason to regard it as an essential element in the treatment which is most likely to benefit the great majority of such cases. Active exercise and occupation are no doubt invaluable in the treatment of many cases of mental disorder, but their chief use is either in cases which have not reached the stage when hospital treatment is desirable, or in cases which have passed that stage and have become suitable for treatment in an asylum. Recent experience has shown also that many of the benefits formerly supposed to be obtainable only by voluntary exercise can be better obtained by massage and similar expedients included in the Weir Mitchell method. This method, generally known among alienists as 'bed treatment,' has for many years been growing steadily in favor, chiefly under the influence at first of Guislain, of Ghent, who strongly insisted on its value in the treatment of melancholia, and more recently of Ludwig Meyer, of Göttingen, who advocated its more general use, and its efficiency is now widely recognized among asylum physicians in this country.

"The practical conclusion which, I think, we are justified in drawing from these considerations is that such asylum adjuncts as workshops, exercise-gardens, cricket-fields, and other arrangements not usually found in general hospitals would be unnecessary in connection with the proposed wards. . . . Another late development has brought wards for mental diseases more into line with ordinary hospital wards than they formerly were. This is the introduction of nursing by women in male wards of asylums. In regard to this I shall content myself with a reference to the example of the wards for mental diseases in the general hospital at Copenhagen, where the nursing staff is almost entirely female, and to the position of the matter in the Stirling District Asylum. In that asylum the chief officer on the male side under the medical staff is a lady superintendent. Out of a total of three hundred and fifty male patients, one hundred and fifteen, or nearly a third, are during the daytime entirely under the care of female nurses, and this third includes the great majority of the male patients suffering from acute forms of mental disorder. Sixty-seven of the male patients are at present under the care of female nurses both night and day. I have already indicated that hydrotherapy is useful in some early cases. To provide for this, however, it would only be necessary that a suitably fitted bath-room should be attached to the wards; and in regard to the importance of this treatment I may refer you to a valuable article on the subject by Professor Kraepelin, of Heidelberg, in the *Centralblatt für Nervenheilkunde und Psychiatrie* for December last."

These statements by a man of great authority and long practical experience make clearer than any words of mine could the sort of general hospital care desired for the insane, and whose promotion will, I believe, engage the attention and coöperation of the body of trained nurses. Very sincerely yours,

JULIA C. LATHROP.

ROCKFORD, ILL., September 12, 1902.

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DEAR EDITOR: I have found so many missing nurses from the list published by you several months ago that I ask you once more to favor me. Letters to the following nurses have been returned:

Miss Lena L. Konkle, Miss Mary A. Powell, Miss Mary Stines, Miss Anna D. Schultze, Miss Margaret Scheffer, Miss K. L. McDonnell, Miss Laura E. Yea-